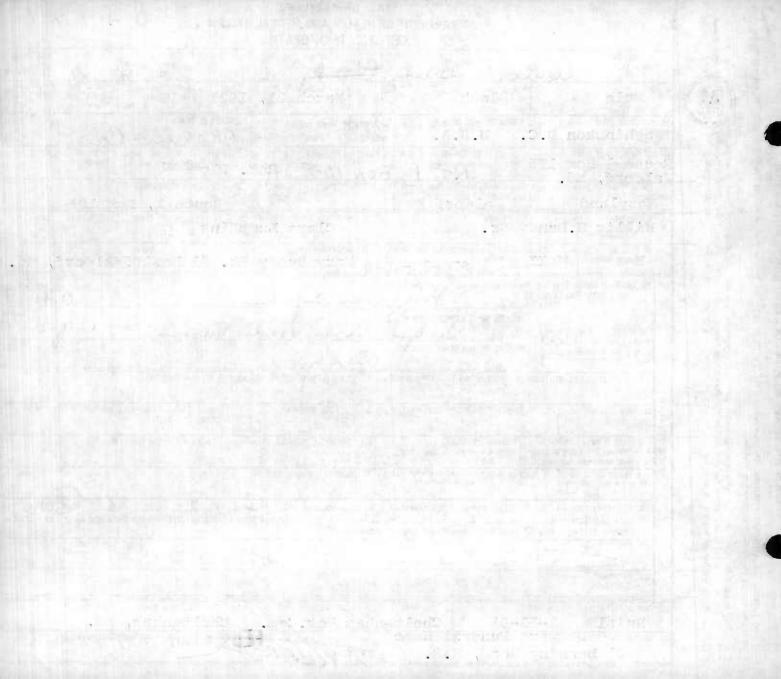
STATE OF MARYLAND

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2		STATE OF MARYLAND
1	1	DEPARTMENT OF HEALTH AND MENTAL HYCKENE 1 4 9 9
	W Z	CERTIFICATE OF DEATH
6	age Dept	1. DECEASED-NAME First Middle Lost 20. DATE OF DEATH 2b. HOUR
= 1	3	(Type or print) Wells Burly the Month Boy Year 9200 Month
Page .		3. SEX Male 4. RACE Black 5. DATE OF BURTH March 21, 1921 6. AGE (In years if under 24 HRS Months OAYS Hours Min
O 5	thuman H	76. BIRTHPLACE (State or foreign 76. CITIZEN OF WHAT COUNTRY? Washington D. C. U.S.A. WIDOWED DIVORCED 9. COUNTY OF DEATH WIDOWED DIVORCED MARRIED MARRIED MARRIED MIDOWED MARRIED M
201 nours of	old be	10. CITY OR TOWN OF DEATH ROUTE 1 Box 105 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital during most of mosking mo
AND 21	d 2 sho	Valdorf, Md. 130. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before of the marry land waldorf residence before of the marry land waldorf residence before of the marry land residence before the marry
MARYLAN ted within	es 1 on	14. FATHERS NAME First Middle Lost ST. IS. MOTHERS MAIDEN NAME First Middle Lost Clara LumpKins
301 W. PRESTON STREET, BALTIMORE, MARYLAND 2120 es that the death certificate be executed within 24 hou	ond complers. Poges within 18	166. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, Weshnown) (WWYTT dates of service) 16b. SOCIAL SECURITY NO. 17. INFORMANT 578-38-2048 Mary Bundy Rt. #1 Box105WAldorf, Md.
BAL	ysicion on pop event,	18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) APPROXIMATE INTERVAL ENTWEVEN ONSET MEND OF ATH
fico	physi carbon ony ei	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)
STREET, B.		410 Due to, or as a consequence
o to	remove of ond in	Conditions, if ony, which gove rise to immediate cause (a), (b)
PRESTON the death	the off	stoting the underlying couse DUE TO, OR AS A CONSEQUENCE OF
4. P		last. (c)
301 W.	Then Then	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE FERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)
ECORDS,	been sign tremotion, cremotion,	190. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 2Do. AUTOPSY? 2Db. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 210. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 216. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Ifem 18.)
DIVISION OF VITAL RECORDS, 3 PHYSICIAN: The low require	hos ons	21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE DF DEATH HOUR A.M. Month Doy Yeor P.M. 19 21d. INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) OR CONTRIBUTION Street or R. F. D. No. City or Town County State
ON OF SICIANS	s certificate the buriol-fr prior to bur	21d. INJURY OCCURRED While Not while of work o
VISI PHY	d so	22a. I certify that (I) (this haspital) attended the deceased from 6-15, 1963, ta 9-1, 1987, that (I) (we) last saw the deceased alive an 12-24 19 6, and that in (Thy) (aur) apinian death accurred an the date and hour and from the
ING D	After or use Hygie	saw the deceased alive an 12-24 19 b, and that in (my) (aur) apinian death accurred an the date and hour and fram the
ATTENDING	for for ol H	causes stated above. (T) (we) (did) (did not) view the bady after death. 22b. SIGNATURE 22c. DATE SIGNED
F 2	DIRECTOR: After detached for use and Mental Hygiel	DEGREE PHYS. DIRECTOR DIRECTOR DHYS.
80 t	DIRE detoc	22d. PHYSICIAN'S 22e. ADDRESS
TAL	th o	NAME (Type)
HOSPITAL	o FUNERAL should be of Heolth	230. BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMILERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote)
5	sho of	RECYN 2-13-81 Cheltenham Vet Cem Cheltenham, Md.
		24. FUNERAL DIRECTOR Stewart Funeral Home
	I - 16 3/72 25M /R A15 (4))	4001 Benning Road, N.E.



Huntt Funeral Home, Waldorf, Maryland

198

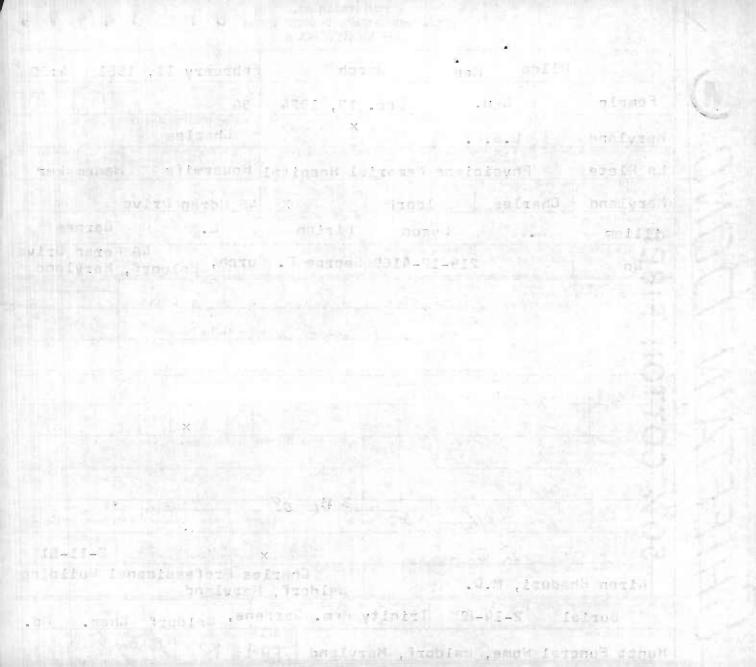
STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR

- STATE

DHMH-16 30M 2/80 (VRA 15, 4)



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200 A 40 2 E		CEASED NAME PE OR PRINT)	VERN	A Luci	AIDDLE 11E	COOK	SEY		ATE KNOWN OF ESTI- ATH MATED	7 - 7	25 81 YEAR	26 HOUR	
PEA PEA	3. SE		RACE white	5. DATE OF BIRTH MONTH DAY	1936 44 YR	Y) MONT		MIN. PROM	DATE NOUNCED DEAD	MONTH 2-2	DAY YEAR	79 1:51E	
	FC	IRTHPLACE ISTATE		76. CITIZEN OF WH	1	1	ED NEVER MARK	RIED L	Charles		Y OF DEATH	1 I'M	
PAGE 5 PAGE 5 SEFILED,		ITY OR TOWN OF		11. NAME OF HOSE	PITAL, NURSING HOME CILITY, GIVE STREET ADDRESS) INS Memoria	OR OTH	ER INSTITUTION	120. USUAL C	CCUPATION DF WORKING LIFE)		OR INDUST	RY	
21201 F ANY DI AND 3 TI RETAIN PHOULD E		AL RESIDENCE (IF	NURSING HOME OF	OTHER INSTITUTION, GIV Y Les	E RESIDENCE BEFORE ADMISSION INC. CITY OR TOWN		13d. INSIDE CITY LIMITS?	130. SIREET A	DDRESS 266				
ESTH. IF EST, 2, PM 3. ND 2 S.	14. F.	ATHER'S NAME	01	MIDDLE	Oswald		15. MOTHER'S MAID	Sta	pleton				
BALTIMORE. S AFIER DEA GIVE PAGES ITH FORM P PAGES I AN IVISION ORV	166 \	WAS DECEASED E	VER IN U.S. ARM) (IF YES, GIVE W		166. SOCIAL SECURITY		Calvin	S. Coo	ksey,	222	266 n Head	Md	
TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOURS AFTER DEATH. IF ANY DELAY IS IT EXCEPTION. THE STEPLING THE WORDING" IN PENCIL IN TITEM 18. GIVE PAGES 1, 2, AND 31 OT THE PAGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDIONG" IN PENCIL IN TITEM 18. GIVE PAGE 51, 2, AND 31 OT THE PAGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDIONGLAL EXAMINER ALONG WITH FORM PAM 3. RETAIN PAGE 5 TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE USED AS A BURIAL - TRANSIT PERMIT. PAGES 1 AND 2 SHOULD BE FILED. AFTER DEATH, WITH THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, DIVISION OF KUTALRECORDS, 201 W BALTIMORE, MARYLAND, 21201 PRIOR TO BURIAL, CREMATION, OR REMOVAL.		Conditions, gave rise couse (a) sto lying cause	if any, which ta immediate orting the under- last.	E CAUSE (a) AMI	Triptyline AS A CONSEQUENCE C AS A CONSEQUENCE C UT NOT RELATED TO THE TERMI)F		ART 1 (o),					
TITAL RECORDS, SHOULD BE EXEC BY PRENDING, THE MEDICAL EUSED AS A BUF OF HEALTH AN URIAL, CREMATII	CERTIFICATION	19a DATE OF OI	PERATION	19b. CONDIT	ION FOR WHICH OPER.	ATION W	AS PERFORMED?				20 AUTOPSY	, NO []	
S CERTIFICATE SHOU RITING THE WORD. REDED TO THE CHEE ES 3 SHOULD BE USE TO PRIOR TO BURIAL		216 EXTERNAL OUNDERLYING			MONTH DAY YEAR 2/3/ 1983		elf-ingest		E OF INJURY IN ITEM	A 18 PART 1 OR PAR	T 2)		
DIVISION HIS CERT WRITING MARDED AGE 3 SH	MEDICAL	WHILE AT WORK	CURRED NOT WHILE AT WORK		OF INJURY (AT HOME, ORY, FARM, ETC.)		CATION TREET MOWN	CITY	OR TOWN	Charles	_	STATE Md.	
CAL EXAMINER: T THE CERTIFICATE, HOULD BE FORW RAL DIRECTOR: P RATH, WITH THE ST RE, MARYLAND, 2				e of the remains described courses (1),	Accident , Sui	cide	Hamicide TITLE (SPECIFY) ASSISTAN	Undetermin	quiry , ed manner	and in my ap DATE SIGNE	2-26-	81	
O MEDIK KECUTE AGE 4 S O FUNEI FTER DE	7	EXAMINER'S NAME Margarita A. Korell, M.D. 111 Penn Street											
BP	(URIAL, CREMATIC	ial 2	2-28-81	73c NAME OF CEA		morial G		äldorf			ATE .	
DHMH - 17 (VR A15 ME (5)) 15M 2/80		uneral directo		Home, Wa	ldorf, Ma	ryl	and As. Date	AEC OF BY REG	961 ZSB. RI	EGISTRAR'S S	Short.	7	

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		em 18c G553 3/		STATE OF MARYLAND	24 3 3	1 hay 11 11
	1-	FOR STATE REGISTRAR	DEPAR	TMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH		, 5 6 0
	1 DE	CEASED NAME A FIRST	MIDDLE	LAST	REG. NO. 20 DATE OF DEATH MONTH	DAY YEAR 7h HOU
1 25	(TYPE	ORPRINT) AND	1	FRANKLIK!	Tebruary.	17, 1981 11:31
	3. SE	Fail	4 RACE	S. DATE OF BIRTH MONTH DAY YEAR	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER I YEAR IF UNDER
		1 Emaly	cay.	April 21,1912	68 YF	
# # PA		RTHPLACE (STATE OR FOREIGN DUNPRY)	16 CITIZEN OF WHAT COUNTR	WIDOWED DIVORCED	BALTIMORE CITY OR COU	NTY OF DEATH
the turn of	10 CI	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURS	ING HOME OR OTHER INSTITUTION	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKIN	12b. KIND OF BUSINE
1 1 100	ÜSUZ	A IZATA	17h SICICIA A	APMOLIEL HOSPITA	Housicush	Own Hom
4 19 BA	13a. S	TATE 136 COUN	Viv. 136 CITY OR TO Nanie	OWN 134 INSIDE CITY LIMITS?	General De	livery
Same	14 FA	THER'S NAME	MIDDLE LAST	15 MOTHER'S MAIDEN N		LAST
3 25 8/00	E	Crnest W. Wed	lding	Betty E.	Posey	
de gas		AS DECEASED EVER IN U.S. AR. ES, NO OR UNKNOWN) (IF YES, GIVE	E WAR OR DATES)		ADDRESS	
e vo e		NO	220-28	-6239 Sidney M.	Franklin sa	
physici npoper moval.		PART I. DEATH WAS CAUSE	nly one cause per line for (a) (b), ED BY: TE CAUSE (a)	Arre pront		APPROXIMATE INTER BETWEEN ONSET AND
deoth cert attending nove corbo otion, or re traumatic e		2059	DUE TO, OR AS ACONSEC	DUENCE OF	1 1	2.1
attend nove co otion, o rraumat		Conditions, if any, which gove rise to immediate	(b) (m)	estina, Mant &	railars.	awn.
by the see removed the contract of the contrac		couse 101, stating the underlying cause lost	DUE TO, OR AS A CONSEC	DUENCE OF Myelogenous	leukemia	1291-
quires the signed then pled ta burial alury, or	Z	PARTS OTHER SIGNIFICANT	1/ /	O DEATH BUT NOT RELATED TO THE TER	MINAL DISEASE OR CONDITION	GIVEN IN PARTY (0)
o io	CATION	190 DATE OF OPERATION	Matur ons	CH OPERATION WAS PERFORMED	200 AUTOPSY? 20b. IF	YES, WERE FINDINGS USE
	FIC		773. 607.677.677.677		IN CE	RTIFYING CAUSES OF DEAT
The le incom.	CERTIFI	71a. ACCIDENT WAS UNDERLYING	218. TIME OF INJURY	21r HOW IN HIRY OCCU	RRED (ENTER NATURE OF INJURY IN ITEM	
HYSICIAN: The reding physicial physicial is certificate burial transit Mental Hygie or frem 18 sho		OR CONTRIBUTING CAUSE OF DEA	HOUR A.M. MONTH	DAY YEAR	MILES TELEVISIONE OF MOON IN THE	TIO, FRAT I ON FART SI
rysicia ling pl certif verial-t wentol	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED	P.M. 21e. PLACE OF INJURY	21f. LOCATION		
DING PHYS or attending After this, as the bundle of the ord Marked or	WE	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY, OFFIC		CITY OR TOWN	COUNTY ST
NDIN I or I or Use o Use o Is ma		22a. certify that (1) (this hospi	ital) attended the deceased from	1949	1,10///	, 19, that (II b
		sow the deceased alive on	ot) view the body ofter death.	and that in (my) (out) opinio	n death accurred on the date and	hour and from the causes sta
TTEP Puto TOS for of H	1		it view the body offer dedill.	7 250255		224. DATE SIGNED
R ATTE hospito IRECTO hed for ept. of t		22b. SIGNATIONE	. //	DEGREE		- 1 -
OR ATTE the hospite DIRECTO toched for toched for if hem 21		22b. SIGNATURE	TAK 1	ATTENDING	MEDICAL STAFF	105/1
by the hospitc by the hospitc ERAL DIRECTO e detached for e detached for NT: If Hem 21	(22d PHYSICIAN'S NAME (TYPE O	RPRINTI P WOODNY	ATTENDING	MEDICAL STAFF DIRECTOR PHYSICIAN	105/1
OR ATTE ne hospitc DIRECTO ached for Dept. of It	73n F	22d PHYSICIAN'S NAME (TYPE O	P. WOODDY,	ATTENDING PHYSICIAN 122e ADDRESS BD1430	DIRECTOR PHYSICIAN DATA AND	18Feb 8.
by the hospite BRAL DIRECTO e detached for e detached for NT: If Hem 21	23 o . E	Mour	P. WOODDY.) 23b. DATE 23	ATTENDING PHYSICIAN	DIRECTOR DHYSICIAN D	105/1

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			ECEASED NAME	FIRST		MIDDLE		LAST		a DATE KNOWN	_	DAY YEAR	26 HOUR
	W ~ V -	(1,	YPE OR PRINT)	D				- LI - C	_	OF ESTI- DEATH MATED			
	PLEASE CTOR. FILES. JOURS	3. SE	X 4 RAC	Roy	DATE OF BIRTH	6. AGE (IN			X • DER 24 HRS.		MONTH	17 19 81 DAY YEAR	M M
	5 3 5 E	3. 50	1 100	M	ONTH DAY	YEAR LAST BIRTH				RONOUNCED	MOITI	DAT TEAR	2d HOUR
	5 3K (SO)			hite [APRIL 15	,1930 50	YRS.			DEAD	2	17 19 81	6:25
	NA PERSON	2 7a. I	OREIGN COUNTRY)	/b.	CITIZEN OF WH	AT COUNTRY?	8. MARI	RIED NEVER MA	RRIED	9. BALTIMORE CITY	OR COUNT	Y OF DEATH	
	F. S. S. S.	/	OREIGN COUNTRY)	A TOTAL	U.S.A.		WIDO	WED DIVO	RCED -	Charle	s Cour	ntv	MD
	SE S	10.0	ITY OR TOWN OF DE	ATH 11.		ITAL, NURSING HO		HER INSTITUTION	12a USU	AL OCCUPATION (TYPE OF WORK	126 KIND OF BU	JSINESS
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	3 T N N N N N N N N N N N N N N N N N N	WSU	AL RESIDENCE (IF IN N	URSING HOME OR OTH	HER INSTITUTION, GIVE	RESIDENCE BEFORE ADMIS	SION)	ospital		MICDER		DAILDERL	DHOP
21201	A SEE SO	13a.	RYLAND	THE COUNTY	GEORGE	OXON HIL	T	13d. INSIDE CITY LIMITS		ET ADDRESS	ATEN		
0.2	SH SH	3 1.11	ATHER'S NAME	PAINCE	GEORGE	OACH HIL	TO .	YES A NO		FENWOOD .	WAD.		
, MD.	H-1808/	6	FIRST	MIC	DDLE	LAST		15. MOTHER'S MA	IDEN NAME	MIDDLE		LAST	
) RE	AN PEN	0	JOSEPH			FULTON		MAE		~ (~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~		Campbe	11
IM	SS S S	160.	WAS DECEASED EVER	(IF YES CIVE WAR O	FORCES?	166. SOCIAL SECUR		17. INFORMANT		1622 FEN			
BALTIMORE,	A GINE		IES	MMII		409-46-2	355	BETTY L	FULTON	OXON HIL	L, MAR	YLAND	
	HOULD BE EXECUTED WITHIN 24 HOURS AFTER DEATH. IF ANY DELAY IS RD "FENDING" IN PENCIL IN ITEM 18. GIVE PAGES 1, 2, AND 3 TO THE F. CHIEF MEDICAL EXAMINER ALONG WITH FORM PM 3. RETAIN PAGE: USED AS A BURIAL-TRANSIT PERMIT. PAGES I AND 2 SHOULD BE FILED OF HEALTH AND MENTAL HYGIENE, DIVISION OF VITAL RECORDS, 201 VIRAL, CREMATION, OR REMOVAL.		18. CAUSE OF DEA	TH (Enter only an	e couse per line f	or (o), (b), ond (c).)						APPROXIMATI BETWEEN ONSE	EINTERVAL
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	NO NE L		BART 2 OTHER CICHIEVA	T COMPILIDATE COMIN	(c) .								
2	EN POSE	2	TAKE 2 OTHER SIGNIFICAN	AL COMPILIDAS CHAIR	CIBOTING ID DEATH BE	T NOT RELATED TO THE TE	KMINAI DISEA	SE OR CONDITION GIVEN IN	EPART 1 (d)				
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Ĭ,	WORD WORD #E CHIE SEUS BEUS BURIV											YES 🔀	NO 🗌
Ö	O SEN		21a. EXTERNAL CAU		HOUR A M	NJURY MONTH DAY YE	21c. H	OW INJURY OCCU	RRED LENTER N.	ATURE OF INJURY IN ITEM	18 PART 1 OR PAR	Γ2)	3853
NO	SET OF SE	3	UNDERLYING CONTRIBUTING	CAUSE OF DEAT		19							
DIVISION OF VITAL	CERTIFICATE WITHOUT THE WOED TO THE 3 SHOULD BEPARTMEN	MEDICAL	21d INJURY OCCUR		21a PLACE OF			CATION					
ō	SI SE	1 2	AT WORK AT W	WHILE	STREET, FACTO	RY, FARM, ETC.)		STREET		CITY OR TOWN	cou	NTY	STATE
	STA STA						4	- I					
	INER: THIS CERTIFICATE SHOULD ICATE, WRITING THE WORD "PEI FORWARDED TO THE CHIEF M TOR: PAGE 3 SHOULD BE USED A THE STATE DEPARTMENT OF HEA AND, 21201 PRIOR TO BURIAL, C	1	220. I certify that	I took charge af t	the remains descr	ited above, held on	Autor	sy X, Inspec	tion L.	Inquiry	and in my opi	nion	
	ME BE E	1	death resulted from	n: Naturalica	ruses XXI	regdent /4	Suicide	, Homicide	/ Undete	rmined monner],		
	A WE BER		ACTUAL /	11.		UK -	4	TITLE (SPECIFY)					
	¥#2¥#₩-	-	SIGNATURE	1/1	May	//Me	17	A.D. Deputy	Chief	CAL EXAMINER	DATE SIGNE	2-18-8	
	NE S A S A		EXAMINER'S NAME	Co	U		0						
	₹UB Z E E	4	(TYPE OR PRINT)	Inoma	s D. Sm	ith, M.D.		ADDRESS	Penn	St.			
	TO MEDICAL EXAMINER: THIS CEI EXECUTE THE CERTIFICATE, WRITIN PAGE 4 SHOULD BE FORWARDED TO FUNERAL DIRECTOR: PAGE 3. AFIER DEATH, WITH THE STATE DE BALTIMORE, MARYLAND, 21201 P	23 a. l	BURIAL, CREMATION,	REMOVAL 23b. D	ATE	23c. NAME OF C	EMETERY C	OR CREMATORY	23d. LO	ATION	COUN	IY C	ATE
	BP		BURIAL	2/	20/81	MARYLAND	VETE	RANS CEME		CHELTEN H		division to	MD.
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110	DHMH - 17 (VR A15 ME (5))		NAMEGEORGE	P KALAS	FUNERAL	HOME O	XON H	ILL, MD.	あるよ				
	15M 2/80												

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TRATE PART

BURIAL 2/20/81 MARYLAND VARELAND CRIPTLEY CHILDRY HAM DR. GEC. MI.
GUCHGE E KALLAS FURBELL HOME (XON BILL MY 129)

12b. KIND OF BUSINESS OR ITYPE OF WORK FOR MOST OF WORKING LIFE INDUSTRY D.C. Govt. Rt.#1 Box 311 Stamp Wife-Mary M. Grabis same as line#13 APPROXIMATE INTERVAL CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF BEATH? 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) COUNTY STATE and that in (my) (our) opinion death occurred on the date and hour and from the causes stated 22t. DAJE SIGNED PHYSICIAN P DIRECTOR PHYSICIAN Burial eb. 16,81 Trinity Mem. Gdns. Waldorf Charles Maryland 24 FUNERAL DIRECTOR 250, DATE REC'D, BY REGISTRAR 256, REGISTRAR'S SIGNATURE Huntt Funeral Home Waldorf, Maryland

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG. NO

26 HOUR

20 DATE OF DEATH MONTH

- STATE

REGISTRAR

DECEASED NAME

DHMH-16 30M 2/B0 (VRA 15, 4)

BP

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Burial Francisco (Francisco Dens.) Pens. Come. Cherica Pervica

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	(TYPE	OR PRINT)		JOHN	Α.	4.1			OT	מפוסתו		-			OF	ESTI-	0 2	-7	181	
3 3	SEX		RACE	JOHN	5. DATE	ntho OF BIRTH			GE (IN YE	JDGER ARS IF U	NDER 1		UNDER :	24 HRS.	2c. DA					18 4 744 BU
15	m	ale	ь1	ack	MONTH	DAY			AST BIRTHE	RS. MON	THS DAY	rs Ho	OURS	MIN.	PRONOL	JNCED	2	-7	181	a . 43
0	. BIR	THPLACE (STA	TE OR		76. CITIZ	EN OF W	HAT C	DUNTRY		8. MARE			MARRIE	o M	9. BALTI	MORE C	ITY OR C	OUNTY	OF DEATH	
8		rylani	4		Ţ	JSA				WIDO			OVORCE	-	Ch	arle	s Co	unty		AA
10.	. CITY	ORTOWN	F DEATH	1	II. NAM	E OF HO	SPITAL,	NURSIN	IG HOM	E, OR OT	HER INST	TITUTIO	N			UPATION ORKING LIFE	(TYPE OF	WORK 126	OR INDUS	BUSINESS
V	Na.	ldorf			20	002°A	mbe	rlea	F Pl					N.		OKKING LIFE	t)		OR HADO.	SIKI
US		RESIDENCE	F IN NURSI	NG HOME OR	R OTHER INS	STITUTION, G		CITY OR		ION)	It 34 INS	IOE CITY L	IMITC?		EET ADD	DESS				= 1
I		ryland		Char				ald				production (10	136 316	CCI ADD	NL33				
		HER'S NAME			WIDDLE			LAST			15. MC	OTHER'S	MAIDE	N NAME		MIDDLE			LAST	
1	Jo		vto	n Gu		r		two!			-	Don	na	Char	omar				chat .	
160	a. WA	AS DECEASED	EVER IN	U.S. ARM	LED FOR	CES?	16b.	SOCIAL	SECURI	Y NO.		ORMAN	VT	71111	1	ADD	RESS			
	(163)	No	(1)	res, GIVE W	AR OR UAT	23)					Jo	hn	D.	Gud	cer		SAA			
	1	8. CAUSE OF	DEATH	(Enter only	y one cau	se per lini	e for (o), (b), on	d (c).)					uu				3010		ATE INTERVAL
		PARTIDEA	ATH WAS	CAUSED	BY:					t de	ath	sync	drom	0					BEIWEENON	SET AND DEAT
		791	0	WILDIAI		JE TO, OF						3								
1 166		Condition)	(b)														
	П	couse (o)	tating th		DI	JE TO, OR	RASA	CONSEC	UENCE	OF	100						100		CULIE	Ly III
	ч	lying caus	e lost.			(c)														
		PART 2 OTHER SIG	NIFICANT C	ONDITIONS C	ONTRIBUTIA		BUT NOT	RELATED T	O THE TERA	AINAL DISEA	SE OR CONC	DITION GIV	VEN IN PAR	T I tou						
2																				
	CERTIFICATION	196. DATE OF	OPERATI	ON	19	6 CONDI	ITION	OR WHI	CH OPE	RATION V	VAS PER	FORME	D?	1					20 AUTOPS	Y?
1	Ě																		YES XX	K NO
1		I a EXTERNAL			-	b. TIME O			Y YEA		IOW INJ	URY OC	CURRE) LENTER !	NATURE OF	INJURY IN IT	EM 18 PART	1 OR PART 2		
1	3	UNDERLYING CONTRIBUTION	G CA	USE OF D	EATH	P.A		TIN DA	19 19											
1		IId INJURY O	CCURRE	D		e PLACE STREET, FAC			T HOME,	211 10	CATION	4			CIVA CO			60107		
3		WHILE AT WORK	NOT W	HILE	}	JIREET, PAC	LIORT, PA	RM, ETC.)			SIREEL				CITY OR I	OWN		COUNT		STATE
		22a certify			n 6 sh =	amaies d-	eeriba J	abarra 1	ald	Auta	osy XX		an action -		le		a,c.d.*			- 15
						XX			1		1		spection		Inquir	,	ana in	my opinio)n	
		deoth resulte	Trom:	Nature	al causes	. ()	Accid	ent L	1, 51	zicide		omicide		Undet	ermined r	monner	,			
		ACTUAL		Mou	al.	A	publ	mil	0			LE (SPEC						DATE	0.0	0.1
-		GIGNATURE_	1	1	740	W		100		^	A.DA	8818	Lan	MED.	ICAL EXA	AMINER		SIGNED_	2-8-	81
-		XAMINER'S N	AME	Mana	owi +		17	-1101	7 3/		40000	1	111							
72	-	TYPE OR PRIN		Marg		a A.		ore1		METERY O	ADDRE:			Pann 1234 LC		eet				
1.3	(SPE	(CIFY)	OIT, NEA	NOTAL IS		0/81	1	St.		ter			Cem.		CATION OR TOWN	nf	Cha	COUNTY	Id.	STATE
	4. FUf	urial NERAL DIRECT									o UL		DATE R				REGISTR		WALES .	w
	Ms	rtell	Ad	ams	Aqu	a S C	Ď.	Md.	206	800		10	EB	18	1981	1	they s	Men	1	/
_	Lic	1 0011			7 ~		_		-				CD	10	1501	-		_		

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	STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIE	NE 8		(5	Ü	0	6
939	CERTIFICATE OF DEATH		REG. N						
MIDDLE	LAST	DATE O	FDEATH	MONTH	D	AY	YE AR	2b. HOL	JR

- STATE REGISTRAR					ICATE OF DEATH	REG.	NO.		
1. DECEASED NAME	FIRST	MI	DOLE	L/	AST	20 DATE OF DEATH		DAY YEAR	2b. HOUR
(TYPE OR PRINT)	Emma			I	Key	Februar	y 2.	1981	3:55A
3. SEX	4	RACE		5. DATE O		6. AGE (IN YEARS LAST	SIRTHDAY)	IF UNDER 1 YEAR	IF UNDER 24 HRS
Female	N	learo		Jun	0.5 3.005	75	YRS.	MONTHS DATS	HOURS MIN.
70 BIRTHPLACE (STATE OR	FOREIGN 76.	CITIZEN OF W	HAT COUNTRY?	8 AAADDIE	□ NEVER MARRIED □	9. BALTIMORE CITY	OR COUNT	TY OF DEATH	
Maryland	U	J.S.A.		WIDOWE		Char	les		N
10 CITY OR TOWN OF DE	ATH 11	LENOT IN SUCH	OSPITAL, NURSIN	G HOME O	ROTHER INSTITUTION	12a USUAL OCCUPA			F BUSINESS O
LaPlata					cial Hospit	1 Domes		Priv	ate
NUSUAL RESIDENCE (IF NUR 130. STATE	136 COUNTY		IVE RESIDENCE BEFORE		13d. INSIDE CITY LIMITS?	13e. STREET ADDRESS	5	- 12/27	12,10
Maryland	Charl		Bryans		YES NO X	General		verv	
14 FATHER'S NAME	L MID	DOLE	m = - LAST = -		15 MOTHER'S MAIDEN NA			- a1A5	1
Röber	C		Toyer		EII2	abeth MIDDLE		Mo	rton
160. WAS DECEASED EVER	IN U.S. ARME		16b. SOCIAL SECU	RITY NO.	17. INFORMANT	ADD	RESS		
No			219-38-	8210	Alberta I	. Key B	cvans	Road.	Md.
18 CAUSE OF DEAT PART I. DEATH V	H (Enter anly a	ane cause per li	ne far (a), (b), and	d (c).)				BETWEEN	MATE INTERVAL
PART I. DEATH V	IMMEDIATE (ulino	nas	a Emboli	48		Tu	medi
4216		DUE TO OR	AS A CONSEQUE	NCE OF					
Canditians, if any	, which	(b)	temore	1	at line	a and reli	operite	2	-3da
gave rise to im		DUS TO OR	AS A CONSTOUR	O O	7	0	1		(
underlying caus		DUE TO, OR	AS A CONSEQUE	3.0	K				Buk
PART 2. OTHER SIG	NIFICANT COI	NDITIONS COI	NTRIBUTING TO D	EATH BUT	NOT RELATED TO THE TER	AINAL DISEASE OR CO	NDITION G	IVEN IN PART 10	01
No.									
190 DATE OF OPERA	TION	196 CONDIT	ION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY?		ES, WERE FINDIN	
THE STATE OF THE S						YES NO		TIFYING CAUSES YES 🕱	NO []
21a. ACCIDENT WAS UN		21b. TIME OF		V VEAR	21c. HOW INJURY OCCUP	RED (ENTER NATURE OF IN	JURY IN ITEM 18	PART T OR PART 2)	
OR CONTRIBUTING		P.M	. MONTH DA	19					
21d. INJURY OCCUP		21e. PLACE O	FINJURY	7-1-5	211. LOCATION	CITY OR	- Courbi	COUNTY	STATE
		[AT HOME, STREE	ET, FACTORY, OFFICE F	ARM, ETC }	STREET	CITYON	OWIN	COONT	STATE
WHILE D NOT W	ORK D								
AT WORK AT WE	ORK -) attended the	deceased fram_	Fel	ruary1 ₁₉ 81		arv	21981	that (I) (we) la
220.1 certify that (1 saw the decea) (this haspital)	ebruar	v 1 19	Fel 81 ; an	Druary 1 1981 d that in (my) (aur) apinian	ta Febru	ary date and ho	219. <u>81</u> ,	that (I) (we) lo
220.1 certify that (1) (this haspital)	ebruar	v 1 19	8.1; an	Druary 1 1981 d that in (my) (our) apinian DEGREE	, ta Febru death accurred an the	ary date and ho	219.81 aur and fram the	causes stated
22a.1 certify that (1 saw the decea abave, (1) (we)) (this haspital)	ebruar	tfer death.	8.1; an	d that in (my) (aur) apinian DEGREE ATTENDING	death accurred an the	date and ho	aur and fram the	causes stated
220.1 certify that (1 saw the decea abave, (1) (we) 22b. SIGNATURE) (this haspital) sed alive an F did) (did nat) v	ebruar	ther death. D (lath	81 : on	d that in (my) (aur) apinian DEGREE ATTENDING PHYSICIAN	death accurred an the MEDICAL ST DIRECTOR PHYS	AFF	22c. DATE	SIGNED
22a.1 certify that (1 saw the decea abave, (1) (we)) (this haspital) sed alive an F did) (did nat) v	ebruar view the bady a cole, C.	trer death. D (latta Ginde	81 : on	d that in (my) (aur) apinian DEGREE ATTENDING	MEDICAL ST DIRECTOR PHYS	AFF ICIAN	22c. DATE 2 / 2 0 6 4 6	SIGNED

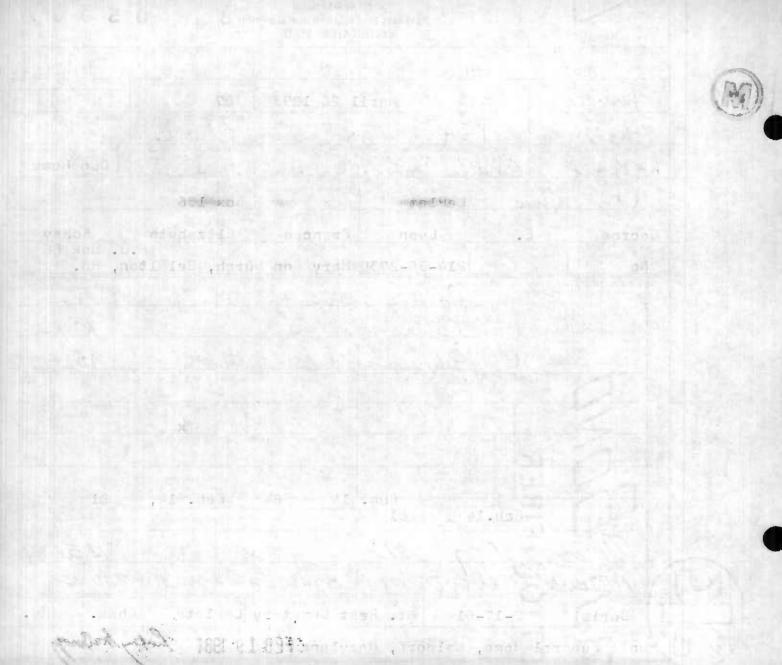
BP.

DHMH-16 30M 2/80 (VRA 15, 4)

Teb. 5, 1981 Metropolitan Meth. Pomonkey Burial Charles Md. 24. FUNERAL DIRECTOR Leon
NAME Thornton Thornton Home Pomonkey, Md 250. DA

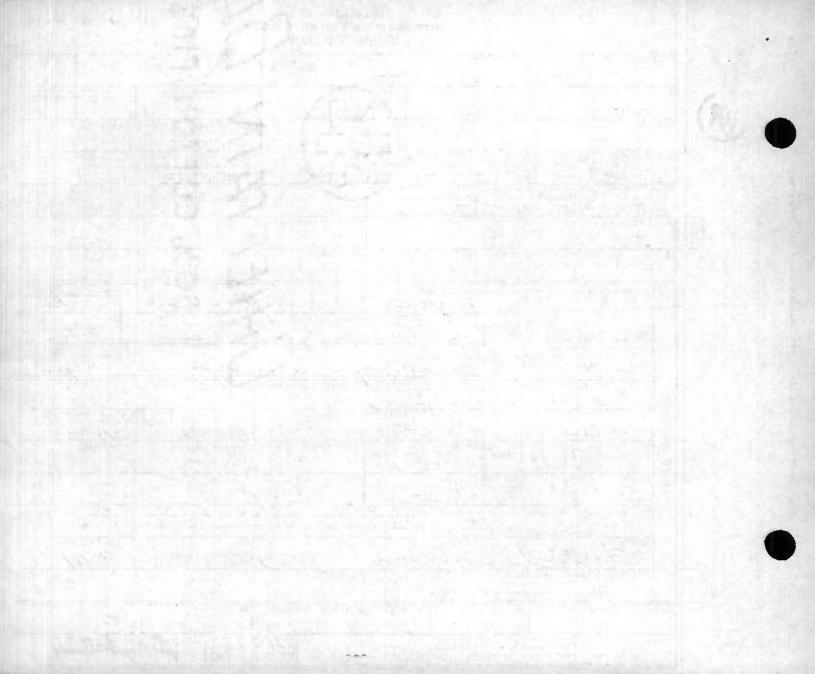
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3	1.	FOR STATE REGISTRAR	DEP	STATE OF MARYLAND ARTMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH		500/
		CEASED NAME FIRST	WIDDLE	LAST	REG NO. 2a DATE OF DEATH MONTH D	AY YEAR 2b HOUR
1 1	{TYPE	OR PRINT) Mary	Alice	Knott	FEB 14	1 1981 8:55 AM
(MA)	3 SE	Fernale.	Caer.	S DATE OF BIRTH April 26 1853		FUNDER I YEAR IF UNDER 24 HRS
36	Ja. BI	RTHPLACE STATE OF FOREIGN	76 CITIZEN OF WHAT COUN	MARRIED NEVER MARRIED WIDOWED DIVORCED	9 BALTIMORE CITY OR COUNTY	OF DEATH MD.
by the filled with	10 £	APLATA	Charles C	noting Musing time	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE	126 KIND OF BUSINESS OR
LAND 21:	13a S	AL RESIDENCE (IF NURSING HOME O	ROTHER INSTITUTION GIVE RESIDENCE NTY 136 CITY OR LAPIS	TOWN 134 INSIDE CITY LIMITS?	Box 156	
MARYI ed with ond 2		FIRST	MIDDLE LAS	T FIRST	WIDDLE	LAST
0	16a V	VAS DECEASED EVER IN U.S. AF	MED FORCES? 166 SOCIAL	/ON Frances SECURITY NO. 17 INFORMANT	Elizabeth ADDRESS P. C	Robey D. Box 86
SALTIMORE ate be executable on the spers. Pages val. 1, the medica		(IF YES, GIV	214-1	36-2730 Mary Ann B		
ST., BALT rificate by physicia an popers emoval.	741	18 CAUSE OF DEATH (Enter of PART I, DEATH WAS CAUSE IMMEDIA	nly one couse per line for (o), if ED BY: TE C AUSE (o)	die avert.		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
re death ce attending move carbo		4292 Conditions, if ony, which	DUE TO, OR AS A CONS	GEOVENCE OF GOODAN		10 спи.
that the that the by the add, crema al, crema and, crema rather tr		gove rise to immediate couse (0), stating the underlying couse last	DUE TO, OR AS A CONS	renewrid osteo	arthur.	154
PRDS, 20 requires an signed. Then pla	NOI	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING	G TO DEATH BUT NOT RELATED TO THE TERM	winal disease or condition give	N IN PART 1(D)
TAL RECORDS The low required to the low required to the low been significant. The low genere prior to the shows ony injury injury.	CERTIFICATION	190 DATE OF OPERATION		HICH OPERATION WAS PERFORMED	YES NO NO YES	
> x 2 0 0 0 1 8 0		210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	HOUR A.M. MONTH	DAY YEAR	RED (ENTER NATURE OF INJURY IN ITEM 18, PA	RT 1 OR PART 2)
VISION G PHY: ortendii er this ribe bu and M	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, O	0 31	CITY OR TOWN	COUNTY STATE
TTEND pitol or TOR: A for use of Heol		220.1 certify that (1) (this hosp sow the deceased alive or above. (1) (we) (did) (did no	Feb. 14	0.1	deoth occurred on the date and hour	9 that (1) (we) lost and from the causes stated
TAL OR A y the hoss RAL DIREC detoched tote Dept. VT: If Item		226 S COPE	ods	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	12 Feb-81
HOSPI bined b		ARTHUR	O. WOOD	DY. MD BOXA30 L	APATA, MD. 3	Role Y6.
BP	(BURIAL, CREMATION, REMOVAL SPECIFY Burial	23b. DATE 2-17-81	Mt. Rest Cemeter		res. Ma.
DHMH - 16 60M 1/75 (VR A 15 (4))	24 F	JNERAL DIRECTOR	Home, Wald	orf, Maryland FEB	TE REC'D. BY REGISTRAR 1995	A GLATURE

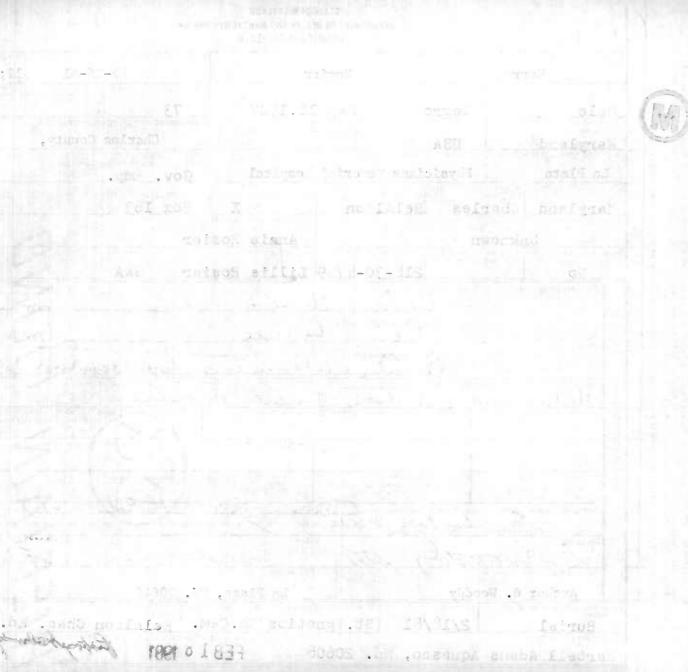


	FOR			DEPART	MENT OF H	FALTH	ARYLAN AND ME	NTAL HY	SIENE	-		1	1	0 1	1 8
1-	STATE REGISTRAR		ME		EXAMINE				14.0	н '	REG	. NO.	-		
	CEASED NAM	E FIRST BEVER	PT.V	MIDDLE		K.	AST OBAYAS	THE		OF	KNOWN ESTI-	1 X	MONTH 2-1	9 19 8.	
3 SE		Japanese oriental	S. DATE OF BIRTH	YEAR	6. AGE (IN YEAR LAST BIRTHDAY	s IF UNI		IF UNDER 24		DATE	MATED	^	2-1	DAY YE	AR 12 IOU
70 B	emale SIRTHPLACE (STOREIGN COUNTRY)		Aug. 15	1958 HAT COUN		MARRIE		ER MARRIED	K OI				COUNT	Y OF DEATH	
요 10. C	irginia Tryortown LaPlata	OF DEATH	USA II. NAME OF HO PROSICI	SPITAL, NUI ACILITY, GIVE ST 8 NS Me	SING HOME.	OR OTHE	RINSTITUT	DIVORCED	O USUAL	OCCUI	PATION KING LIFE)			126. KIND OF OR INDU	BUSINESS JSTRY
USU 13a. S V		(IF IN NURSING HOME OF THE COUNT Fair	R OTHER INSTITUTION, C	INE RESIDENCE		۱)	13d INSIDE CIT	13 STIMITS?	e STREE1	ADDRE		Ave	nue	N/A	
	ATHER'S NAME		MIDDLE K.		LAST		15. MOTHEI	R'S MAIDEN I			IDDLE	- 7 - 0		Toyoda	a
3 160.	WAS DECEASE YES, NO, OR UNKNO NO	DEVER IN U.S. ARA	MED FORCES? WAR OR DATES) A		IAL SECURITY -86–836		17. INFORM		ayash	ni/7	ADDR		Chu	rch, Va	a.
	18 CAUSE O PART I DE	F DEATH (Enter onle ATH WAS CAUSED IMMEDIAT	y ane cause per lin BY: Cr E CAUSE (a)	e for (a), (b) anio-(, and (c).) cerebra	l in	jury							APPROXIM BETWEEN O	AATE INTERVAL NSET AND DEATH
2	gave ri	ons, if any, which se to immediate	(b)		SEQUENCE O										
O VICION, O	lying cou) stating the <u>under-</u> use last. GNIFICANT CONDITIONS C	(c)		SEQUENCE O		On COMPLETION	CHEN IN SACT							
CREW		OPERATION			WHICH OPERA				· a · .					20. AUTOP	CV2
BURIAL		AL CAUSE WAS	216. TIME C		WHICH OF ERA									YES	NO D
PRIOR TO BURIAL, CREA	UNDERLYING	NG CAUSE OF D	P./	SAMN'Z	P Y 9-8 1 ^R	dri		occurred of auto,	/picl	K-up	tru	ick	head	don co.	llisio
21201 PR		NOT WHILE XO		CTORY FARM, ET		S.8	öünd :	301,.1	So.	"OT"	MItc	hel	1 988	TY Cha	
THE STAND	22a I certi	fy that I took charge ed fram: Nature	e of the remains de	Accident			Homici	Inspection [), Undetern	Inquiry	onner [and ii	n my apı		
ATH, WI	ACTUAL SIGNATURE	Mou	arte of	reyo	hell	M.I	TITLE (SP	istant	_MEDICA	L EXAM	NINER		DATE	2-19	-81
PAGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG W PAGE 4 SHOULD BE USED AS BURIAL-TRANSIT PERMIT. AFTER DEATH, WITH THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, D BATTIMORE, MARYLAND, 21201 PRIOR TO BURIAL, CREMATION, OR REMOVAL. MEDICAL CERTIFICATION	EXAMINER'S (TYPE OR PRI	NI)	garita A.			^	DDRESS	111			e e t				
	BURIAL, CREMA (SPECIFY) Crematic FUNERAL DIREC		2/23/81		ee Crei		mוניי		Was	hin	gton	AC 167	COUN	D C	STATE
			ch F.H.	TTUZ	w. bro	Jau 5	· · · ·	FEBE	4 013	OPIKA	IK .	April,	Mario Ca	-Ositive)	

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\(\rho\)	FOR STATE REGISTRAR			DEI	ARTMENT OF	HEALTH AND W	ENTAL HYGIE		O REG. NO	5 0	10
SWALL STATE	1. DECEASED NAM	E FIRST		MIDDLE		LAST	2	a. DATE OF DI		DAY YEAR	26 HOUR
e Tf	(TYPE OR PRINT)	Harry			Rosi	er			02-16	-81	12;30A _M
moy pour	3. SEX		4 RACE			OF BIRTH		AGE (IN YEARS	LAST BIRTHDAY)	IF UNDER 1 YEAR	R IF UNDER 24 HRS
	Male		Negr	0	Mav	16,190	7 YEAR	73	YRS	MONTHS DAYS	MIN SHOURS
- 60 (M)	70 BIRTHPLACE (ST	ATE OR FOREIGN	76 CITIZEN O	F WHAT COUN		X NEVER M		BALTIMORE	CITY OR COUNT	Y OF DEATH	
de de de	Marylar	nd	USA		WIDOW		ORCED	C	harles C	ounty,	MD
	10 CITY OR TOWN	OF DEATH	11. NAME OF	HOSPITAL, N	URSING HOME	OR OTHER INSTI	TUTION I	O USUAL OC	CUPATION R MOST OF WORKING I	12b. KIND UFE) INDUSTRY	OF BUSINESS OR
by the	La Plat	a	Physi	cians l	STREET ADDRESS) Memorial	Hospita	al '		Emp.	IFE) INDUSTRI	
212	USUAL RESIDENCE	(IF NURSING HOME O		I 136. CITY OF		1134 INSIDE CI	TY HANTS? 113	e STREET ADI	DRESS		
BALTIMORE, MARYLAND cate be executed within 24 systian and completely filler appers. Pages I and 2 should val. it, the medical examiner must	Marylar		rles	BelA			NO [X]	Box			
RYL within	14 FATHER'S NAME		MIDDLE	LAS	ī		MAIDEN NAME		AIDDLE		AST
MAR)		Unkno					e Rosi		MUDEE		N.31
MORE, e execut nand co Pages I medical	160. WAS DECEASE	DEVER IN U.S. A		166 SOCIAL	SECURITY NO.	17 INFORMAN			ADDRESS		
IMORE The control of	No		TE THE OR DETECT	218-	30-4769	Lilli	e Rosi	er	SAA		
Sacio pers ol.	18 CAUSE O	F DEATH (Enter of	only one couse pe			^				APPRO BETWEEN	XIMATE INTERVAL N ONSET AND DEATH
T	PART I. DI		SED BY: ATE CAUSE (0)_	Carl	case (tree	A.				ma-
or re	404	19	DUE TO,	TRASA CON	SEQUENCE OF	^	2011/12/2012				
RESTON death cr attendin nove cark otion, or traumatic	Conditions,	if any, which	(b)	Ken	ml-	wilce	il.			10	menth.
the cemore tree	gave rise	to immediate stating the	DUE TO	DP AS A CON	SEQUENCE OF			^			
l W by by dose il, cre	underlying	couse lost	1000	D Mesal	las il Co	terro.	silyon	is Car	leo: 100x10	a Kenal	logis
vires to signed ten ple aburio	PART 2 OTH	ERSIGNIFICANT	CONDITIONS	ONTRIBUTIN	G TO DEATH BUT	NOT RELATED	TO THE TERMIN	AL DISEASE O	R CONDITION G		(0)
RDS, equir equir n sig Then r ta b	o llat	un a	rait	drah	etic,	Lusin	en d	pul	4-		
ECO Dw r mit.	No DATE OF	OPERATION	19b. CON	DITION FOR W	HICH OPERATIO	N WAS PERFOR	MED	20a AUTOPS	Y? 20b. IF YI	ES, WERE FIND	INGS USED
DIVISION OF VITAL RECORDS, 201 W. PRESTON ING PHYSICIAN: The law requires that the death crafter this certificate has been signed by the attending as the burial-stransit permit. Then please remove cart though Memala Hygiene prior to burial, cremation, arranged or Item 18 shows any injury, or after traumatic.	THE THE OF							YES N	_	ES []	NO [
VIT. T hysici ronsi Hygi Hygi IB sh	210. ACCIDENT	WAS UNDERLYING		OF INJURY	H DAY YEAR	21c HOW INJ	URY OCCURRED	(ENTER NATUR	OF INJURY IN ITEM 18.	PART I OR PART 2)	
SICIA ng ph certifi rrial-h ental	OR CONTRIBUTE	NG CAUSE OF DI		P.M.	19						
HYS and in din din din din din din din din di	(IF EITHER, NOT			E OF INJURY	OFFICE, FARM, ETC.)	211 LOCATIO	N	CI	TY OR TOWN	COUNTY	STATE
DIVIS or offer the e as the alth one	WHILE AT WORK	NOT WHILE AT WORK	(AT HOME, S	STREET, PACIONT, C	PPICE, FARM, ETC.)			Ci		COUNT	STATE
O O O E	22a.1 certify	that (1) (this hasp	pital) attended	the degeosed	rom	ne	, 19 5 61	., to/]	tel	19 81	, that (1) (ve) lost
ATTENI Sepital CCTOR: d for us d for us m 21 is	sow the	deceased alive a	on view the box	v ofter death	19 81.0	nd that in (my)	opinion dec	oth occurred o	n the date and ha	or and from the	e causes stated
A 4 8 9 9 9	22) SIGNAT			//	.)	DEGREE				22c. DAT	ESIGNED
7 + 7 + 9 = :	1XI	ma	Trado	7.	(11)	A1 P	TENDING HYSICIAN	MEDICAL DIRECTOR	STAFF PHYSICIAN	16.	Feb81
HOSPITAL ined by A FUNERAL wid be de h the Stote	72d. PHYSICIA	AN'S NAME (TYPE	OR PRINT)	1		22e ADDRESS					
	Art	hur 0. W	Vooddy			Ta I	Plata, M	14. 206	46		
of of white of the order	23g. BURIAL CREM				23c. NAME OF C	EMETERY OR C	REMATORY	23d. LOCATIO			
BP	(SPECIFY) Buris	a 7	2/18	/81		natius		CITY OR TO	lAlton	Chas-	Md. STATE
DHMH - 16 50M 1/76	24 FUNERAL DIREC	TOR					25a DATER		ISTRAR 25h RPO		Chr. Soly
(VR A 15 (4))	Martel:	Adams	Aquas	co, M	d. 2060	80	FEB 1	8 198°	1 gray	- Adam	/



		1 -	FOR STATE REGISTRAR		DEPARTA	MENT OF HE	OF MARYLAND ALTH AND MENTAL F CATE OF DEATH	HYGIENE	8 REG. N	0	5 0	1
me 's	Ī		EASED NAME FIRST		WIDDLE	ŁA	st tional	20. 1	DATE OF DEATH	MONTH D		26 HOUR
84M	-		FRANK		Clifton	1.8	riegeL		2		81	10 AM
7	3	. SEX	male	1. RACE Wh	ite	5. DATE OF	PARTH PARTY		GE (IN YEARS LAST BIR	YRS.	ONTHS DAYS	HOURS MIN.
ouce.	37	a BIF	RTHPLACE (STATE OR FOREIGN)		WHAT COUNTRY?	MARRIED WIDOWED	☐ NEVER MARRIED	9 R	ALTIMORE CITY C		OFDEATH	MD
tified		491	ON TOWN ON DEATH	11. NAME OF	HOSPITAL, NURSIN CH FACILITY, GIVE STREET	IG HOME OF	STEENSILLION		USUAL OCCUPAT			OF BUSINESS OR
8/	1	W		Rt.#1	Box111		k Point, M	1d	Mechani	c	Self	Employe
must b	A	30. S	LERESIDENCE (IF NURSING HOME OR CONTACTE 136 COUN	TY	13c. CITY OR TOW	N	130. INSIDE CITY LIMITS		STREET ADDRESS	Boy1:	11	
and a	1	4. FA	Md Chai	rles	LKOCK P		15. MOTHER'S MAIDEN		RCaffI	Box1		
9	10.	-		AIDDLE	LAST	March 1	FIRST		MIDDLE		LAI	
0	1		rank Clifton AS DECEASED EVER IN U.S. ARA	AED FORCES?	el Sr.	RITY NO	Edith 17 INFORMANT		ADDR	ESS	Jaco	
medica		(Y	ES, NO OR UNKNOWN) (IF YES, GIVE	WAR OR DATES)				. 0	Rt.#	-		ge Rd.
1	=		Yes WWT			-4446	Alice Cur	nmin	gs Warr	enton		
			18 CAUSE OF DEATH (Enter online PART I, DEATH WAS CAUSED		The solo of the on	100	1:00	(for	101.07	-	BETWEEN	ONSET AND DEATH
2			IMMEDIATE	E CAUSE (o)	1 Wyo	GF ALTO	acus	140	furen		1	14701
5			4100	DUE TO, O	R AS A CONSEQUE	NG OF	Net.	- 4	10		10	775
			Conditions, if ony, which gove rise to immediate	(b)_	//	wa	acco	a de la			//	10
	-		couse (a), stoting the	DUE TO, O	R AS A CONSEQUE	NCE OF	100-10				10	15
		5.	underlying couse lost.	(c)	-	91	and c	na	van		171	2 2
nlury, or		NO	PART 2 OTHER SIGNIFICANT C	onditions <u>c</u>	ontributing to [DEATH BUT	OT RELATED TO THE TE	ERMINAL	DISEASE OR CON	DITION GIVE	N IN PART 1	0
-	3	CERTIFICATION	190 DATE OF OPERATION	196 COND	ITION FOR WHICH	OPER'ATION	WAS PERFORMED	20	0a AUTOPSY?		WERE FINDI	
0	4	Ĕ						Y	ES NO NO	YES	ING CAUSES	NO T
6	2	8	210. ACCIDENT WAS UNDERLYING	21b. TIME C		0.19	21c. HOW INJURY OCC					<u> </u>
1	7	-	OR CONTRIBUTING CAUSE OF DEAT	In .	.M. MONTH DA .M.	AY YEAR	RIGHT STATE					
-		MEDICAL	214 INJURY OCCURRED	21e. PLACE	OF INJURY		211 LOCATION	- 1				
		ž	WHILE NOT WHILE AT WORK	(AT HOME ST	REET, FACTORY, OFFICE, F	ARM ETC)	STREET		CITY OR TO)WN	COUNTY	STATE
			220.1 certify that (1) (this bespite	nl) attended th	o decented from	1	1960		100	15	9/	Abota (IV (via)) last
)			saw the deceased when an	/	10	//	that in (my) (our) opin	nion death	accurred on the d	ate and hour		that (I) (we) last
			abave, (I) (we) (dic land not 22b, SIGNAT U.E.	view the body	ofter death.		E GREE		/		22c DATE	
: II II			K-1400	lele	w		ATTENDING PHYSICIAN		EDICAL STA		7/1/	5/3/
MPORTAN			224 PHYSICIAN'S NAME (TYPE OR	PRINT)			22a. ADDRESS	-				
5			Edward J	Fdo1	en MD		La Plata	Ma.	ryland	20646		
-	2	3a B	URIAL, CREMATION, REMOVAL	23b. DATE		NAME OF CE	METERY OR CREMATOR		3d. LOCATION	20040		
		- 15	Burial	2-18					CITY OR TOWN	1	COUNTY	STATE
	2	4. FU	NERAL DIRECTOR	1 2-10	-81 Md	ver	erans Cen	DATE REC	Chelten Ob. BY REGISTRAR	25b. REGISTR	AR'S SIGNA	TURE
			NAME	1 Uomo	ADDRESS	ata M		55	R 2 9 198	pre		(Cheody
	1	AL	ehart Funera	T LOWG	La Pl	ald, l	iu.	15%	Pao Ma	P ~		

MANAGER CONTRACTOR DE CONTRACTOR DE LA C The state of the s and the state of t English 400 petal to provide the State and the concept to search